





*E. D. Gairdner  
with best regards from West*

A LETTER

TO THE

Rt. HONBLE. LORD ABERDARE,

*Chairman of the Managing Committee*

OF THE

HOSPITAL FOR SICK CHILDREN,

BY

CHARLES WEST, M.D.,

*Founder of the Hospital, and for twenty-three years its Senior Physician.*

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*October 15th, 1887.*

MY LORD,

I took the liberty, on the 1st of August last, of addressing a short letter to your Lordship, in which I ventured to express a doubt as to the expediency of some of those proposals which are embodied in the last Report of the Managing Committee of the Hospital for Sick Children, and which were adopted with acclamation at the Anniversary Festival in May.

On considering the subject carefully, the questions which those proposals involved, seemed to me to be too important to admit of their adoption or rejection without the most careful inquiry.

I therefore addressed, either in English or in French, the subjoined questions to the Senior Medical Officers of all the general Children's Hospitals in Europe, eighty-one in number, and beg leave to submit for your consideration as Chairman, and for that of the other members of the Managing Committee, the answers which, down to the present time, I have received from fifty. The answers, which are given verbatim, are tabulated for convenience of reference, and will at any rate enable the Committee to come to a conclusion, with a knowledge of the subject which I venture to doubt whether they hitherto have possessed.

## QUESTIONS.

1. What is the number, sex, and age of all patients received into the hospital annually?
2. What is the limit of age, above and below which patients are not admitted?
3. If children under two years old are admitted, are there any restrictions on their admission?
4. If they are admitted, are they placed in a separate ward, or are they distributed through the general wards?
5. What is the mortality under two, and what at other ages?
6. Is Hooping Cough generally admitted? If so, is there a Hooping Cough ward, and what are the limitations of admission, and what is the mortality at different ages, of Hooping Cough cases?
7. Is there a special ward for Diphtheria cases, or are they distributed through the general wards, or is each case as far as possible isolated from all other cases of Diphtheria, as well as of other diseases?
8. Is there an accident ward; or are accidents, as fractures, burns, &c., admitted generally on application, or are they sent to the general hospital of the town?
9. What provision is made for the reception of cases of Scarletina and Measles and their sequelæ? Are there separate wards for them?
10. To what extent has their admission led to the spread of those diseases among the other patients in the hospital?

It is proposed to open a "Special Ward for Children under two years of age," the great reason assigned being "that it is certain that multitudes of infants suffering from simple atrophy have to be refused admission, and are of necessity inadequately treated as Out-Patients, who, if taken in for a time, could be saved." This proposal was sure at once to enlist the sympathy of every mother. It may be doubted, however, whether either mothers or governors are prepared to acquiesce in a mortality of 41.5 per cent., which is the outcome of the returns furnished by 26 hospitals, that have given details sufficient to admit of being tabulated;

while that of children above two, as deduced from 24 of those institutions, is 13.0 per cent. Even this number by no means represents the worst results, for there are hospitals perfectly well managed, in which the mortality under two, amounts to 40, 50, 70, and even 80 per cent. This, too, in spite of the infants having wet nurses, or of their mothers being admitted with them, as in the hospitals of St. Petersburg and Vienna, and also at Charkow.

Infants received into all the Foundling Hospitals on the continent are immediately provided with wet nurses, and all whose health admits of it are at once sent into the country to wet nurses. The figures given with reference to the Foundling Hospital in Paris, represent the mortality among those only, who were so ailing as to necessitate their being placed in the infirmary. All of them, however, who can suck are provided with wet nurses; those who cannot suck are brought up on asses' milk; while the very feeble are treated like young chickens, and are kept in the artificially high temperature of a "*couveuse*," a sort of stove—a baby-hatching machine.

In spite of all these precautions, which it certainly would not be possible to imitate in Ormond Street, the mortality under two, in the infirmary of the *Hospice des Enfants Assistés*, amounts to 52 per cent. The fact, too, that of 124 infants suffering from atrophy, or "*athrepsie*," as it is termed by the French, 114 died in the infirmary, only 10 recovered, is a striking commentary on the sentence which I have quoted from the Report. This result, though doubtless unusually discouraging, is yet no matter for wonder to members of my profession, since we know, thanks very much to the researches of my lamented friend, the late Professor Parrot, that in the bodies of children who perish thus there are found ulcerations of the stomach, changes in the substance of the brain, of the liver, and of the kidneys, and in the very composition of the blood itself, such as are met with in no other condition.

The mere collection of a number of infants within the walls of an institution is in itself a source of danger. In illustration of this may be mentioned, on the authority of Dr. Blasi, the Director of the Foundling Hospital in Rome, that the

mortality of the infants fell from 63 to 36, and at last to 16 per cent.; in exact proportion as more children were sent to the country, fewer retained in the building, where yet all were suckled.

Even at present, the number of children under the age of two admitted into the Children's Hospital in 1886 was 211 out of 1094, or 19.3 per cent., though the laws provide only for their exceptional admission; while of 23 hospitals in which no such restriction exists, only 4761 out of 28,587, or 15.5 per cent., were below that age. The Tables, on the preparation of which scanty care has been bestowed, do not enable one to ascertain the mortality under two; but it is noteworthy that of six cases of Marasmus (another name for atrophy) admitted at ages which are not stated, all died.

It is, therefore, I think, not unreasonable to revive the regulation which existed during my tenure of office, and on the importance of which I have insisted at page 48 of my book on Hospital Organization; which, while leaving the admission of children under two, as of other exceptional cases, to the discretion of the medical officers, requires an entry of such admission, with the reasons for it, to be laid before the Managing Committee at each meeting.

Cases really calling for admission will, for the most part, be surgical, such as harelip, birth-marks, and some distortions or malformations needing early interference for their cure. Children coming in in these circumstances are almost always in good health, and remain for but a short time, and for the most part, as the physician to the Rotterdam Hospital truly says, such cases usually do well.

Tables III. and IV. represent the practice of different hospitals with reference to the admission of Hooping Cough. The general opinion is decidedly opposed to it, since only 10 admit it and 39 refuse it admission. At the Evelina Hospital, however, as the Tables show, a Hooping Cough ward has been recently opened, and 54 cases were received last year. The medical officers speak of its results with much satisfaction. The existing isolation wards in Ormond Street were intended for the reception of any special

case of that as of other contagious diseases, subject to the same regulation as already referred to with reference to children under two. If they do not suffice, an additional small isolation ward may be needed. Between that, however, and the opening a special ward for the general reception of Hooping Cough, there is immense difference, and it is to this latter proposal that I venture to demur. I do so because, while in its milder forms it is of little import, in its severer it is most perilous; and for such severer cases, as well as for Hooping Cough occurring in the wards of the hospital, a small room with three or four beds would suffice. Even in the large Prince Paul Hospital at St. Petersburg, two small rooms, with two beds in the one and four in the other, are regarded as sufficient, though the annual admissions of patients vary from 1600 to 2000.

Moreover, 41.2 per cent. of all cases of Hooping Cough, according to the statistics of 1367 cases which I collected, or 48 per cent. according to Dr. Unruh of Dresden out of 1952, occur under two years of age; and further, 41.2 per cent. of all deaths under the age of 12 from Hooping Cough occur under the age of two. Dr. Unruh, out of a total of 134 deaths under 12 from Hooping Cough, found 67, or 51.5 per cent., under two; while Dr. Rauchfuss of St. Petersburg writes to me: "Age has the greatest influence on mortality. The greatest is under two, after four it lessens rapidly."

The objections, then, already stated to the general reception of children under two apply here with double force.

Tables V. and VI. illustrate the practice of different hospitals with reference to the reception of Diphtheria, for which the Report, adopting the views of the Medical Staff, insists on the establishment of a Special Ward. It is not to be wondered at if small hospitals with limited space and small funds, avoid the reception of contagious cases which they are unable to isolate. The hospital at Glasgow, which receives Diphtheria only exceptionally, the East London Hospital and that at Bristol, are the only hospitals of any size admitting Diphtheria, which do not make special provision for its reception. The practice at Bristol can scarcely be appealed to in evidence, since that hospital also receives adult women.

Nothing is more remarkable than the different returns from different hospitals, showing the great diversity in the prevalence of the disease in various localities. Thus, at Manchester, out of 1068 patients, there were only 6 cases of Diphtheria; at Liverpool, with 1088, only 7; at Aberdeen, with 355, only 1; at Berne, with 528, 7; while at Dresden there were 928 out of 2760. In London itself, too, there are also striking differences. At the East London Hospital, out of 950 patients, there were 22 cases of Diphtheria; at the Evelina, 25 out of 454; and at Ormond Street, 51 out of 1094; as against 20 in 1885 and 12 in 1884. This, however, cannot be attributed to any special prevalence of the disease, as the mortality from Diphtheria in London was lower in 1886 than in any previous year since 1881. In the last three months of 1886 it was 0·17 per 1000 living, having been 0·15 during the previous nine months. Neither was there any special prevalence of the disease in the immediate neighbourhood of the hospital; for taking the nine registration districts in the centre of which the hospital is situated, with a population of 150,368, the mortality from Diphtheria was 0·16 per 1000 living; or much less, indeed, if some of the 18 deaths from Diphtheria in the hospital are omitted; the cases most probably not having all come from its immediate neighbourhood. In examining the necessity for better accommodation for cases of Diphtheria, an increase of their number, due to causes outside the actual necessities of the surrounding population, must be left out of consideration.

The contagiousness of Diphtheria is undoubtedly smaller than that of either measles or scarlatina. It is nevertheless very desirable that patients suffering from it should be separated from other cases of illness. The arrangements for such separation appear to be most effectual at St. Petersburg, Dresden, Lüneburg, the two hospitals at Warsaw, and Geneva; less so at Basle, Munich, Rome, St. Joseph's Vienna; Munich, Stockholm and Bremen. There is not room in Ormond Street for the arrangements carried out at St. Petersburg and Dresden; but a separation of slight and convalescent from malignant cases is most desirable, while for cases in which

tracheotomy has been performed a separate small room should be provided. To be able to supply these most desirable improvements efficiently, however, in the comparatively limited space which the hospital can furnish, the scientific zeal of the medical staff must wait upon, and not overstep the needs of the adjacent population, or the resources of the institution. I confess that I should look forward with apprehension to the agglomeration of a number of cases of Diphtheria of different degrees of severity in one ward, how perfect soever might be the sanitary arrangements.

I doubt very much whether the special objects of the Children's Hospital would be promoted by the opening of an accident ward, or rather of two accident wards, the one for boys the other for girls. Fractures, burns and other accidents have nothing in them, nor in their surgical management, so distinct from the same occurrences at all ages, as to call for the establishment of separate wards, for the constant attendance of a night porter, and for all the additional expenditure which such wards would entail. It is quite true that, as Tables VII. and VIII. show, the majority of Children's Hospitals admit accidents, though their number is very small. Twenty-five hospitals furnish us with the data by which to judge how small that number is, for only 913 accidents, or 4·3 per cent., were admitted out of a total of 21,070 patients, and only in 3 out of 35, viz., Hopital Troussseau in Paris, St. Elizabeth's in Petersburg, and at Munich, are any special provisions made for their reception. The North-Eastern Children's Hospital indeed received 62 accidents in 1886, a number which amounts to 10 per cent. of the admissions; but that hospital is in the midst of a poor neighbourhood, and the nearest general hospital, the London, is distant between three and four miles. The position of the Children's Hospital is entirely different, for it is within a mile of five large general hospitals, King's College Hospital, the Middlesex Hospital, University College, the Royal Free, and St. Bartholomew's Hospitals, while the Great Northern is but a little further; so that the excellent reasons which exist for the admission of accidents into the North-Eastern Hospital, do not at all hold good in the case of Ormond Street,

and one is amply justified in saying that no necessity whatever exists for opening another refuge in that neighbourhood for children to whom accidents may happen.

A Children's Hospital, according to my reading of its name, implies, save in exceptional conditions, such as are present in the case of the North-Eastern, a hospital devoted to the ailments which either are peculiar to children, or on which childhood impresses special characters not seen in later years. To perfect the arrangements for cases of Diphtheria is a most legitimate object for those who have the management of the Children's Hospital to aim at. To open accident wards appears to me to be to ignore the real purpose of the institution, as it is most certainly to deviate from the intentions of those who took part in its foundation.

I did not know, when I had the honour of writing to you some weeks since, that for the past two years no case of Scarlet Fever nor of Measles had been admitted into the hospital. On applying to the Secretary for information, he replied that "those diseases never had been admitted, and that if a case of either occurred among the In-Patients it was at once packed off to the Fever Hospital."

For this deviation from the original purpose of the hospital, I find no other authority than a clause introduced, I know not when, into Rule III. (my copy bears date 1887), which mentions "certain infectious diseases" as excluding children from the hospital.

When the hospital was founded, Sir Thomas Watson, Dr. Latham, Sir James Clark, and Sir John Forbes were consulted on all medical questions, and on a question being raised in the Managing Committee in May, 1854, as to the expediency of receiving Measles and other contagious diseases, those gentlemen acted as assessors, and approved of the reception of such cases.

During the first twenty years of the existence of the hospital 1219, out of 9806 of all cases admitted, or 12·4 per cent., were cases of Scarletina or Measles.

Now, inasmuch as 91 per cent. of all deaths from Scarlet Fever take place during the first ten years of life, and as the immense majority of all cases of Dropsy and of kidney

diseaso in early life are the immdiate sequelaæ of an attack of Scarlet Fever, it seems to me that the most grave consideration ought to be given to the question, before arriving at a decision in direct opposition to that of the founders of the hospital, and in spite of the existence of special provisions made in the construction of the new building for the reccption and isolation of such cases.

The arrangements which existed for this purpose during my tenure of office were of necessity most defective. The Fever patients were lodged at the top of the building, and no separate staircase led thereto. Care, however, made up to a large extent for structural deficiencies; and I am certain that during the whole of that time no such spread of those diseases took place in the general wards of the hospital as to raise, either in the managing or in the medical committee, the question of refusing them admission.

So long as Scarlatina and Measles enter the Out-Patients' rooms, and their exclusion on the first occasion is impossible, an element of risk, against which no prudence can guard, will always exist. It could, of course, be greatly lessened by a regulation forbidding the Out-Patients' attendants and doctors from re-entering the hospital for some hours, or without changing their dress. Even then, however, the visits of the patients' friends will be a fruitful, and not only in my opinion, but also in that of all the medical offeers of Children's Hospitals with whom I have communicated, the most fruitful source of contagion, and will necessitate the retaining always a Fever department, to which intercurrent cases may be removed.

It was the hope, possibly the drcam, of those who co-operated in founding tho Children's Hospital, that as it was the first ever established in this country, so it should serve as a model for all others whieh should be afterwards founded; and that from all the country round the philanthropist and the doctor should turn to the authorities in Ormond Street for guidance as to what to do, and what to abstain from doing.

I have no moans of judging how far this high purpose was in the mind of the Committeo when they resolved (pardon

me if I think somewhat precipitately) to abandon this field of usefulness to the poor, and of instruction for the student.

It was, I believe, under the influence of the alarm caused by the sudden development of various contagious diseases, as well as of Scarlatina, in the general wards of the hospital in 1884, that the decision was come to, to refuse admission to all cases of Scarlatina and Measles. The drainage of the hospital was at that time in so bad a condition as to necessitate a subsequent very heavy expenditure, and the question is a difficult one, how far the development of the so-called zymotic diseases may have been dependent in this case, as it is known to be very often, on bad sanitary conditions.

I trust it may not be too late for the Committee to take this matter again into their serious consideration; to examine how far the risk of contagion may be lessened, or done away with (except the inevitable danger of the introduction of contagious diseases by visitors) by structural alterations, and more stringent regulations. In doing this, it would be well to do, as was done in former days, and to call in the counsel of other eminent medical men, to help them and the medical staff to a right decision. If, after so doing, the Committee still come to the conclusion that the interests of the hospital, which are none other than the welfare of the poor, are best promoted by refusing admission to all infectious cases, I must be allowed to say that they should have the courage of their opinions, and should publicly announce their decision, and their reasons for it, and not conceal either the one or the other, under the somewhat equivocal announcement in the Rule which few see, and still fewer read.

Tables IX. and X. represent the practice of 47 hospitals, of which 20 admit; 27 do not admit Scarlatina or Measles. In the two Paris hospitals (Nos. 13 and 14 in Table IX.), the separation of such cases is most imperfect, and yet even this has greatly lessened the spread of those diseases. In Nos. 1, 4 and 7, 11, and 20, the spread in other parts of the hospital is absolutely denied; and in 2, 3, 5 and 10, and 19, the occurrence has been very rare, and in 10 is said to have happened when there were no cases whatever in the Fever ward; a fact borne out by the experience of Stockholm (No. 19. in

Table X.), where 168 cases have occurred in seven years, Measles sometimes running through the hospital, and attacking all children who have not already had it. All agree that the most fruitful source of contagion in the general wards, is to be found in the visits of friends of patients ; a danger impossible to avoid, though there is no doubt but that it might be lessened by some intelligent surveillance at visiting hours.

Among the English hospitals, the arrangements at Aberdeen (No. 1) and Manchester (No. 2 in Table IX.), and among the foreign institutions those at St. Petersburg (Nos. 4 and 13), and at Dresden (No. 11), at Frankfort (No. 17), and Warsaw (18 and 20), are the most perfect. The arrangements in Vienna and Zurich (Nos. 3, 6 and 10), are also very good ; and from a careful examination of these, it becomes evident that by proper precautions, both in construction and administration, all risks of the general spread of Fevers to other wards can be reduced to a minimum, though the one great guarantee is the placing of Fever cases in a detached building, such as already exists in Ormond Street.

All minute precautions, however, give trouble, much trouble, and though by their observance the physician to the hospital at Zurich says, "C'est grâce à ces règles, que nous observons consciencieusement, que nous n'eumes aucune épidémie de rougeole, de scarlatine, et de coqueluche à l'hôpital,"\* and the physician to No. 20 writes to me, "L'admission des malades en question, n'a pas d'influence sur l'augmentation de ces maladies parmi les autres malades." The Gordian knot will always be found much easier to cut than to untie.

The only hospital among the 27 of those which refuse admission to cases of contagious disease, including Diphtheria, that has arrived at this determination after careful inquiry is the one at Basle, and the essay of Dr. Fahm† on the subject is a model of patient investigation and careful inference.

In the fifteen years from 1870, 324 children sickened of

\* De l'Infection dans les Hôpitaux, et spécialement dans les Hôpitaux d'Enfants, par le Docteur Oscar Wyss.

† Hausinfectionen im Kinderspital zu Basel, 8vo. Stans, 1887.

some contagious disease or other contracted in the hospital out of a total of 4568 admissions.

That is to say, of Measles 33; or 0.72 of total admissions.

Scarlatina	80	; or 1.75	"	"	"
Diphtheria	68	; or 1.49	"	"	"
Erysipelas	68	; or 1.49	"	"	"
Hooping Cough	34	; or 0.74	"	"	"
Chicken Pox	33	; or 0.72	"	"	"
Typhoid Fever	8	; or 0.17	"	"	"

These numbers are perhaps not so formidable as some may have expected; but be that as it may, their import is somewhat lessened by the fact that such cases were not in a separate building, but at the top of the house, that erysipelas occurred spontaneously in the hospital; a fact which of itself tells against the salubrity of the institution, and further by the defects of construction admitted to exist in the communication with each other of the ventilating shafts in all the wards, and by the evidence of an approach to laxity in the regulations. Still this essay remains the strongest impeachment of the admission of contagious diseases into a children's hospital; *unless they are placed in a completely isolated building*. Against the inferences to be drawn from the experience at Bâle;—and the results of the exclusion of Fevers from admission to that hospital, have not yet been put to the test of time—may be placed the remarkable statement of Dr. Andrews, the Senior Physician to the Edinburgh Children's Hospital, who says, in a letter to me, “It was not found that Fever broke out more frequently in the general wards, when we had our Fever wards than it does now.”

I shall doubtless receive additional replies to my inquiries, but circumstances prevent my waiting for them, and the facts at present given are, I think, sufficiently numerous to warrant conclusions being drawn from them.

I beg leave, therefore, respectfully to suggest—

1st. That no special ward be opened for children under two years old; but that the old regulations with reference to their admission,\* be revived and acted on.

\* These regulations, and the reasons for them, are fully stated in my book on Hospital Organization, pp. 48-50.

2nd. That for the future the Statistical Tables of admissions to the hospital show the age at death of all In-Patients, as well as the diseases of which they died.

3rd. That the admission both of Hooping Cough cases and accidents be treated likewise as exceptional, and subject to the same regulations as those which apply to children under two; and that no special accident ward be established.

4th. That in order to provide for the safe admission of occasional cases of complicated Hooping Cough, a small room, containing four or six beds, be set apart for that purpose.

5th. That, if, as is probable, it is impossible to accommodate Diphtheria patients in a separate building, a portion of the top floor either of the existing, or of the new building, be utilized for it, containing in non-communicating rooms, six beds for mild and convalescent cases, four for severe cases; and four for cases in which tracheotomy had been performed. These last should be placed two in each small room, which might communicate. There would be no necessity for the isolation of the nurses of Diphtheria cases, as of those who take charge of Fever patients.

6th. Before it is finally determined to exclude Fever cases from the hospital; and this the rather, since their exclusion from the Out-Patients' room is impossible, I would suggest—

(a.) The strict observance in the Out-Patients' department of the arrangements made in the construction of the hospital for the separation of Fever cases—arrangements which are probably susceptible of improvement, and the exclusion of the Out-Patients' attendants from the wards of the hospital.

(b.) The absolute separation of all nurses and attendants in the Fever block from all other parts of the hospital; the arrangement of a lift for the supply of food and medicine, and of a telephone for communication when necessary with the Superintendent's office.

(c.) The placing the medical charge of the Fever block under the care of a special officer, possibly one of the Out-Patients' physicians, in rotation every three or six months. If he at the same time has charge of Out-Patients, he should not visit the Fever cases until after he had discharged his duties in the Out-Patients' room, and should not afterwards return to

the hospital. He should be required to leave his coat and hat at the entrance to the Fever block, and to put on a linen or other wrapper during his visits.

If, in any emergency, the House-Surgeon should be required to visit the Fever block, he should observe the same precautions.

By these means, I believe, the outbreak of Fevers in the hospital could be reduced to a minimum: absolute immunity cannot be looked for when we bear in mind that they break out in palaces as well as among the dwellings of the poor. I confess that their adoption would give trouble, I know that they will be unpopular; but our duty, it seems to me, is to grapple with difficulties, not to evade them.

Ten years ago I called the attention of the Committee of the Children's Hospital to the extravagant expenditure of the institution, but with no results at the time, save that my endeavour lost me many friends, made me many enemies, though none of my statements were ever disputed.\* It is now, however, some satisfaction to me to find that good has come, though tardily, out of efforts that seemed fruitless. In 1876, on the expenditure of which year I animadverted, 869 patients were admitted, and the cost of their provisions was £2298. 16s 6d; or £2. 12s 10d per patient admitted. In 1886, 1094 were admitted, and their provisions cost £1941. 18s; or £1. 15s 6d per patient: being a saving of 17s 4d per patient, or very nearly £1000 a year.

The points on which I have dwelt in this letter admit of differences of opinion more than did those which were raised on the question of the hospital expenditure. I have stated my own conclusions, but, at the same time, have given the data on which those conclusions are founded. Nothing, I trust, that I have said can wound anybody's reasonable susceptibilities; but after one has passed three-score years and ten, one learns to attach but small weight to what people may choose to say.

There are now but two things for which I care very much.

\* All details concerning this will be found at pp. 44 to 48 of "Hospital Organization, with special reference to the Organization of Hospitals for Children," 12mo., London, 1877.

The one is, the welfare of the Children's Hospital, to which the energies of the best years of my life have been devoted. The other is, that when I have passed away, those to whom my memory will still be dear may hear my name sometimes mentioned with a blessing, as that of the Founder of the first Children's Hospital that ever existed in England.

I have the honour to be,

My Lord,

Your faithful servant,

CHARLES WEST.

To

THE RIGHT HONBLE. LORD ABERDARE,

*Chairman of the Managing Committee of the  
Hospital for Sick Children.*

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TABLE I.—HOSPITALS WHICH ADMIT CHILDREN UNDER TWO YEARS OF AGE.

HOSPITAL.	UNDER TWO YEARS.			ABOVE TWO YEARS.			REMARKS.
	TOTAL PA- TIENTS	NUMBER.	MOR- TALITY.	NUMBER.	MOR- TALITY.	PER CENT.	
1. Foundling, Paris ...	—	854	451	52	—	—	All infants suckled. These figures represent those only who are taken into the Infirmary; not the numbers, nor mortality, of all who pass through the hospice, and many of whom are for only a day or two in the institution. Of 124 admitted with <i>atresie</i> , or atrophy, 14 recovered, 114 died.
2. St. Joseph's, Vienna ...	720	109	55	50·4	61·1	144	23·5
3. Stettin ...	537	175 under three	67	39·9	362 above three	43	11·8
4. East London ...	950	346	209	68·9	60·4	144	27·3
5. H. Troussau, Paris ...	3884	244	202	82·7	36·40	580	15·7
6. Dresden, 4 yrs. ...	2760	566	283	50·0	21·94	453	20·6
7. Rome, 15 yrs. ...	2941	—	50·0	—	—	—	—
8. St. Elizth, St. Petersburg, 10 yrs. ...	5360	—	—	40·3	—	—	20·6
9. Prince Paul, do. ...	1600 to 2000	—	—	35·0	—	—	13·0
10. Basle, 5 yrs. ...	2089	398	122	30·6	16·91	218	12·8

HOSPITAL.	TOTAL PA- TIENTS	UNDER TWO YEARS.		ABOVE TWO YEARS.		REMARKS.
		NUMBER.	MOR- TALITY.	NUMBER.	MOR- TALITY.	
11. Rotterdam, 2 yrs.	254	—	—	—	—	—
12. Berne, 2 yrs.	528	178	23.7	350	7	4.3
13. Gencva	239	76	18	163	—	—
14. Brünn	119	26	—	93	—	—
15. Lüneburg, 6 years	769	—	—	—	—	—
16. Bolton	183	16	2	167	6	3.5
17. Glasgow	1447	101	19	1346	107	7.9
18. Bristol	523	35	4	11.0	488	6.3
19. Manchester	1060	84	28	33.3	976	8.7
20. Leopoldstadt, Vienna	674	81	47	58.0	593	18.2
21. Liverpool	1088	—	—	40.0	—	6.5
22. Derby	309	—	—	—	7	2.2
23. Birkenhead, 2 yrs.	568	100	23	23.0	468	29
24. Stockholm, 7 yrs. . .	4074	256	—	48.0	—	6.0
25. Heidelberg, 6 yrs.	678	97	—	—	581	88
26. Frankfort, 14 yrs. . .	2690	879	33.4	38.0	1811	12.4
27. Paris, Rue de Sèvres . . .	5062	710	378	53.2	4352	20.5

11. Total mortality varies from 5 to 10 per cent.  
 12. at all ages. Medical cases under 2,  
 " succumbent presque tous."  
 13. Total mortality, 65; or 12.3 per cent.

14. Total Mortality, 18; or 16.5 per cent.  
 15. Total Mortality, 73; or 9.4.

16. Admissions under 2 exceptional.  
 17. In separate wards with 4 beds. Many of cases  
 very trivial.

18. Total Mortality, 18; or 16.5 per cent.  
 19. Total Mortality, 73; or 9.4.

20. Children under 1 not admitted. From 1 to 2  
 exceptional.

21. Partly a Pay Hospital, and in case of paupers  
 the commune pays. A large proportion of  
 cases are chronic, and with no danger to life.  
 Figures give mortality at all ages.

22. None admitted unweaned. Children under 2  
 are placed as much as possible at one end  
 of the room.

HOSPITALS.	TOTAL PA- TIENTS.	UNDER TWO YEARS.			ABOVE TWO YEARS.			REMARKS.
		NUMBER.	MORTA- LITY.	PER CENT.	NUMBER.	MORTA- LITY.	PER CENT.	
28. Bremen ...	... 339	79	31	39.1	260	36	13.7	
29. Evelina, London ...	... 454	—	—	—	—	63	15.9	
30. Children's Department of Charité, Berlin ...	900 to 1000	—	—	72.0	—	—	20 to 22	Mortality at all ages. Many children under 2.
31. Zurich, 3 yrs.	698	217	67	30.4	481	68	14.1	
32. Paddington ...	320	—	—	34.2	—	—	9.5	
33. Belgravia ...	116	3	2	—	116	9	—	
34. North Eastern ...	618	92	—	55.8	526	—	8.2	
35. Edinburgh ...	649	68	23	33.8	581	51	8.7	
36. Oldenburgh ...	... 90	—	—	—	—	—	—	
37. Copenhagen ...	... 431	—	—	—	—	—	—	
38. Charkow ...	... 800	—	—	—	—	—	—	Mortality at all ages. Admitted only with mothers, or relatives, up to 4 yrs.

TABLE II.—HOSPITALS WHICH DO NOT ADMIT CHILDREN UNDER TWO.

HOSPITAL.	TOTAL PATIENTS.	REMARKS.	HOSPITAL.	TOTAL PATIENTS.	REMARKS.
1. Munich...	826		7. Altona	146	
2. Hanover	244		8. Newcastle-on-Tyne	161	
3. Lausanne	239		9. Cassel...	140	
4. Warsaw (Jew's Hospital), 3 yrs.	977		10. Sheffield	142	
5. Belfast...	395		11. Countess Potocka's Hospi- tal, Warsaw	971	
6. Aberdeen	355				

TABLE III.—HOSPITALS WHICH ADMIT HOOPING COUGH.

HOSPITAL.	NO. OF PATIENTS.	PROVISION FOR THEIR RECEPTION.	REMARKS.
1. H. Trousseau, Paris	3884	Very imperfectly isolated.	Plans for a special ward have been made, but money wanted.
2. Prince Paul, Petersbourg	1600 to 2000	In two isolated wards, one with 2, one with 6 beds.	“Age,” says M. Rauehfuss to me, “has the greatest influence on mortality. The greatest under 2; after 4, lessens rapidly.”
3. Geneva	239	7 in one isolated ward.	Will next year be in separate building.
4. St. Elizth., Petersburg, 10 yrs.	5366	In a separate ward.	Dr. Unruh, states that of 1952 cases in out-patients, 842 were under 2, or 48 per cent. 130 of these died; 67 or 51.5 per cent, under 1 yr.
5. Dresden, 4 yrs.	2760	88 cases. Are strictly isolated.	Special ward recently opened for it, of the use of which Medical Report speaks highly.
6. Evelina, London	454	54 cases, 9 deaths. Isolated ward.	No provision for isolation.
7. Bremen	339	5 cases; 2 died. Isolation ward.	No details given.
8. Rue de Sèvres, Paris	5062	100 cases; 28 died.	In pavilion for contagious diseases.
9. Berlin	900 to 1900	In general wards.	
10. Countess Potocka's Hos- pital, Warsaw	971	In separate ward.	

TABLE IV.—HOSPITALS WHICH DO NOT ADMIT HOOPING COUGH.

HOSPITAL.	NUMBER OF PATIENTS.	REMARKS.	HOSPITAL.	NUMBER OF PATIENTS.	REMARKS.
1. Stettin	...	537	19. Cassel	...	...
2. St. Joseph's, Vienna	...	720	20. Rotterdam	...	140
3. Berne	...	528	21. Basle, 5 yrs.	...	122
4. Geneva	...	239	22. Munich	...	2089
		7 placed in an isolated ward.	23. Hanover	...	826
5. Brünn	...	119	24. Warsaw (Jews' Hospital)	...	244
6. Lüneburg, 6 yrs.	...	759	Admits chiefly chronic cases.	3 yrs.	977
7. East London	...	950	25. Birkenhead	...	...
8. Belfast	...	329	26. Lausanne, 2 yrs.	...	339
9. Aberdeen	...	355	27. Rome, 15 yrs.	...	445
10. Bolton	...	183	28. Stockholm, 7 yrs.	...	4074
11. Glasgow, 4 yrs.	...	1447	29. Heidelberg, 6 yrs.	...	678
		Sent to Inver, in Contagious Hospital.	30. Frankfort, 14 yrs.	...	2690
12. Sheffield	...	142	31. Zurich, 3 yrs.	...	698
13. Bristol	...	523	Its reception quite exceptional.	...	Received quite exceptionally.
14. Manchester	...	1068	32. Paddington	...	320
15. Leopoldstadt, Vienna	...	674	33. Belgravia	...	116
16. Liverpool	...	1088	34. North-Eastern	...	618
* 17. Derby	...	309	35. Edinburgh	...	649
* 18. Newcastle-on-Tyne	...	161	36. Oldenburg	...	90
			37. Copenhagen	...	431
			38. Charkow	...	800

TABLE V.—HOSPITALS WHICH ADMIT DIPHTHERIA.

HOSPITAL.	NUMBER OF PATIENTS	NUMBER OF CASES OF DIPHTHERIA.	IN SEPARATE WARD.		REMARKS.
			IN GENERAL WARD.	TOGETHER.	
1. St. Joseph's, Vienna	720	115	—	One ward with 6 beds.	Separation not effectual; and cases complicated with Measles and Scarlatina are not properly separated from others. The doing this is a contemplated reform.
2. Stettin	...	...	—	Yes.	—
3. East London	...	...	—	Very bad cases are.	—
4. H. Rousseau, Paris	...	3884	—	Yes.	—
5. Dresden, 4 yrs.	...	2760	928	—	Yes.

HOSPITAL.	IN GENERAL WARD.	IN SEPARATE WARD.		REMARKS.
		TOGETHER.	ISOLATED.	
6. Rome, 15 yrs. ...	2941	—	Yes.	In separate houses, with separate attendants. For bad cases, rooms with 1, 2, and 4 beds. No ward in hospital has more than 6 beds, and all can be isolated.
7. St. Elizabeth, Petersburg, 10 yrs. ...	5360	—	—	In a detached building of two floors. Slighter in floor below—severe in floor above. As case improves it is moved down-stairs.
8. Prince Paul, Petersburg	1600 to 2000	—	—	Detached pavilion about to be built; but see remarks. Out of 203 tracheotomies in 15 years, 82 recovered, 121 died.
9. Basle, 5 yrs. ...	2089	230	—	Report not clear on arrangements.
10. Berne, 2 yrs. ...	528	7	—	Contagious block, building.
11. Geneva ...	... 239	10	—	Diphtheria very rare in Manchester. Rarely more than one case in hospital at same time.
12. Manchester ...	... 1068	6	—	There is not room for separation of different cases of Diphtheria.
13. Leopoldstadt, Vienna ...	1218	184	—	—
14. Liverpool ...	... 1088	7	Yes.	Senior Physician always isolates each case.
15. Birkenhead ...	... 339	4	—	—
16. Aberdeen ...	... 355	1	—	Yes. Moved into quarantine ward. Diphtheria rare in Aberdeen.
17. Lüneburg, 6 yrs. ...	769	67	—	— In a separate house.

HOSPITAL.	IN SEPARATE WARD.		REMARKS.
	IN GENERAL WARD.	TOGETHER. ISOLATED.	
18. Munich ... ...	826	46	Separate contagious block in course of construction.
19. Warsaw (Jews' Hosp.) 3 yrs. ...	977	36	Most of the cases broke out in hospital; for none are taken in except to be tracheotomized.
20. Stockholm, 7 yrs.	4074	122	
21. Heidelberg, 6 yrs.	... 678	10	The isolation wards are at top of house—consist of one large and one adjoining smaller ward, and of two other small wards somewhat distant on same floor.
22. Bremen ...	... 339	18	Diphtheria is separated from Scarlatina—from Diphtheria complicating Scarlatina.
23. Evcina, London	... 454	25	The separation of isolation wards [is by a door on staircase.
24. Frankfort, 15 yrs.	... 2931	301	—
			No further details as to arrangement.
			—
			In a detached house.

NUMBER OF  
PATIENTS.

IN  
GENERAL  
WARD.

TOGETHER.  
ISOLATED.

NUMBER OF  
CASES OF  
DIPHTHERIA.

IN 2 sepa-  
rate wards  
at top of  
hospital.

IN 1 sepa-  
rate ward.

Yes.

—

Yes.

—

Yes.

—

—

—

—

—

—

—

—

—

—

—

HOSPITALS.	N <sup>o</sup> OF PATIENTS.	N <sup>o</sup> OF CASES OF DIPHTHERIA.	IN SEPARATE WARD.		REMARKS.
			IN GENERAL WARD.	TOGETHER OR ISOLATED.	
25. Paris, Rue de Sèvres	...	5062	—	—	If children have Scarlatina and Diphtheria, they are separated from the other diphtheritics, and two small wards are put aside for this purpose.
26. Berlin	...	...	900 to 1000	—	In a detached house.
27. Zurich, 3 yrs.	...	698	146	—	In separate ward.
28. Paddington	...	...	320	9	In separate ward.
29. North-Eastern	...	...	618	12	In separate ward.
30. Edinburgh	...	...	649	—	—
31. Charkow	...	...	800	—	Yes.
32. Countess Potocka's Hospital, Warsaw	...	971	—	—	Yes.
					In small ward, opening out of general ward; and separate room.
					Slight and severe cases are separated.
					In contagious pavilion. Wards in it not communicating with each other. Separate nurses and doctors.

TABLE VI.—HOSPITALS WHICH DO NOT ADMIT DIPHTHERIA.

HOSPITAL.	NUMBER OF PATIENTS.	REMARKS.
1. Brünn	119	
2. Belfast	329	
3. Bolton	183	
4. Glasgow, 4 yrs.	1447	Received in some exceptional cases.
5. Sheffield	142	
6. Bristol	523	
7. Derby	309	
8. Newcastle-on-Tyne	161	
9. Cassel	140	
10. Rotterdam, 2 yrs.	254	
11. Hanover, 2 yrs.	465	
12. Lausanne, 2 yrs.	465	Sent to General Hospital, where provision exists for isolation.
13. Altona	146	
14. Belgravia	116	
15. Oldenburgh	90	
16. Copenhagen	431	

TABLE VII.—HOSPITALS IN WHICH ACCIDENTS ARE ADMITTED.

HOSPITAL.	No. OF PATIENTS.	No. OF ACCIDENTS.	In SPECIAL WARD.	In GENERAL WARD.	REMARKS.
1. St. Joseph's, Vienna...	720	25	—	Yes, in Surgical Wards.	
2. Stettin...	...	537	36	—	Very slight, only one death.
3. East London ...	...	950	40	—	Yes.
4. H. Rousseau, Paris ...	...	3884	—	Yes.	—
5. Dresden, 4 yrs.	...	2760	76	—	Yes.
6. St. Elizabeth's, Petersburg, 10 yrs.	...	5360	—	Yes.	—
7. Basle, 5 yrs. ...	...	2089	100	—	Yes.
8. Berne, 2 yrs. ...	...	528	46	—	Yes.
9. General ...	...	239	7	—	Yes.
10. Brünn ...	...	...	119	3	Yes.
11. Lüneburg, 6 yrs.	...	769	24	—	Yes.
12. Bolton...	...	183	—	—	Yes.
13. Glasgow, 4 yrs.	...	1447	36	—	Yes.
14. Bristol ...	...	523	27	—	Yes.
15. Leopoldstadt, Vienna	...	...	1218	80	Yes.
16. Liverpool ...	...	...	1088	29	Yes.
17. Derby ...	...	...	309	—	Yes.
18. Cassel ...	...	...	140	—	Yes.
					No severe cases received.

HOSPITAL.	No. OF PATIENTS.	No. OF ACCIDENTS.	IN SP. C. WARD.	IN GEN. WARD.	REMARKS.
19. Birkenhead, 2 yrs.	...	339	39	—	Yes.
20. Heidelberg, 6 yrs.	...	678	18	—	Yes.
21. Frankfort, 15 yrs.	...	2931	117	—	Yes.
22. Bremen	...	...	339	9	—
23. Eryelina, London	...	...	454	1	—
24. Aberdeen	...	...	355	17	—
25. Sheffield	...	...	142	7	—
26. Munich	...	...	826	50	Yes.
27. Hanover	...	...	244	19	—
28. Warsaw (Jews' 3 yrs.)	...	...	977	78	Yes.
29. Lausanne	...	...	239	—	Yes.
30. Zurich, 3 yrs.	...	...	698	13	—
31. Paddington	...	...	320	16	Yes.
32. Belgravia	...	...	116	—	—
33. North-Eastern	...	...	618	62	Yes.
34. Rue de Sèvres, Paris	...	...	5062	—	—
35. Altona	...	...	146	—	Yes.
36. Charkow	...	...	800	—	Yes.
37. Countess Potocka's Hospital, Warsaw	...	...	971	—	Yes.

Dr. Goodhart says all go to Guy's Hospital.

Accidents are placed on ground-floor, separate from other patients.

TABLE VIII.—HOSPITALS WHICH DO NOT ADMIT ACCIDENTS.

HOSPITAL.	NUMBER OF PATIENTS.	REMARKS.
1. Rome, 15 yrs. . . . .	2941	Sent to General Hospital. Admission quite exceptional.
2. Stockholm, 7 yrs. . . . .	4074	Admission quite exceptional.
3. Belfast . . . . .	329	Sent to Royal Hospital.
4. Manchester . . . . .	1068	Sent to General Hospital.
5. Prince Paul, Petersburg . . . . .	1600 to 2000	“ Sent to General Hospital, the surgical department of which is very perfect.”
6. Newcastle-on-Tyne . . . . .	161	Sent to General Hospital.
7. Rotterdam, 2 yrs. . . . .	254	Sent to surgical wards of la Charité.
8. Berlin . . . . .	900 to 1000	
9. Copenhagen . . . . .	431	
10. Oldenburgh . . . . .	90	
11. Edinburgh . . . . .	649	Sent to Royal Infirmary.

TABLE IX.—HOSPITALS WHICH ADMIT SCARLATINA AND MEASLES.

HOSPITAL.	NUMBER OF PATIENTS.	NUMBER OF SCARLATINA AND MEASLES.	ARRANGEMENTS FOR ISOLATION.	REMARKS.
1. Aberdeen ...	355	24	In a separate building, with separate laundry and food comes up by lift. No communication between attendants in Fever block and in hospital.	No out-break has been traced to Fever block. Cases occasionally broke out in general wards, when no Fever patients were admitted. Dr. Stephenson is strongly in favour of present arrangements.
2. Manchester ...	1068	175	There are two wards, one with 26, other with 2 beds—detached from main building, though with communicating corridor, which is closed, but can be opened. Separate attendants.	Cases have occurred in other wards occasionally; but 'have rarely been definitely traced to the Fever wards.'
3. Leopoldstadt, Vienna ...	1218	365	Are placed in a separate compartment on second floor of hospital.	Cases do sometimes occur, even in those wards of the hospital which are most distant from contagious wards, and the physician, Dr. Unterholzner, is much more disposed to attribute this to visits of friends of patients; and the more since such outbreaks take place even in hospitals where no contagious diseases are admitted.
4. Prince Paul, Petersburg.	1600 to 2000	—	Separate building, with three floors for contagious diseases, and separate staircase to each, and separate nurses. Isolation absolute.	Absolutely none. There are 6 quarantine wards, for children are sometimes admitted to general wards, in whom symptoms of Scarletina or Measles afterwards show themselves; or they are sometimes brought in by visitors. Cases scarcely ever occur, and are then usually traceable to visitors.
5. Stettin ...	537	27	Separation absolute, in separate wards.	

HOSPITAL.	ARRANGEMENTS FOR ISOLATION.	REMARKS.
6. St. Joseph's, Vienna	Two rooms with 6 beds for Scarlatina ; Three rooms with 6 beds for Measles, with separate staircase leading to this part of the hospital.	No case of Scarlatina in hospital, last year, but 14 of Measles. 4 of Diphtheria. Some of those came into general wards with incubation of these diseases.
7. Berne, 2 yrs.	Report not clear.	None occurred in other wards.
8. Geneva	In separate detached building.	
9. Munich	In two separate wards at top of the building.	No opinion expressed on general question.
10. Warsaw (Jews' Hospital), 3 yrs. ...	There are 3 separate wards, each with 3 beds, for Scarlatina, Measles and Diphtheria respectively; but they appear, from plan of hospital, to open into a common cor- ridor communicating with other wards.	Cases have occurred, especially among sur- gical patients. A detached Fever block, in separate building, is in course of con- struction.
11. Dresden, 4 yrs. ...	Scarlatina and Diphtheria are in a separate house. Measles in a distinct quite sepa- rate ward.	9 cases of Scarlatina and 14 of Measles have occurred, chiefly in the surgical wards, and this sometimes when no cases what- ever were in the Fever wards.
12. St. Elizabeth's, Peters- burg, 10 yrs. ...	Scarlet Fever, Measles, and Diphtheria are all in a separate house, and each in a separate division of that house.	Did occur until construction of a separate house, and appointment of a separate doctor; since which they do not occur.
13. Paris, Hôpital Tron- sean ...	There are separate wards for Measles and for Scarlatina, but isolation is very imper- fect : same nurses attend contagious and non-contagious cases.	Do sometimes occur in general wards, but "are mostly brought in by visitors to patients."
		Even with the imperfect arrangements the spread of these diseases is "infinitely less than formerly."

## REMARKS.

## ARRANGEMENTS FOR ISOLATION.

HOSPITAL.	NUMBER OF PATIENTS.	NUMBER OF SCARLATINA AND MEASLES.	ARRANGEMENTS FOR ISOLATION.	REMARKS.
14. Paris, Rue de Sèvres ...	5062	—	Measles are isolated, Scarlatina is not.	
15. Heidelberg, 6 yrs. ...	678	10	Separated.	Arrangements defective. Before appearance of rash of Measles children not allowed to be moved from the general wards (by order of Government). Hence cases of Measles are frequent in general wards. Cases of Scarlatina, in spite of want of isolation, are much rarer.
16. Frankfort, 15 yrs. ...	2931	249	Separate house for Scarlatina and Measles.	Said not to spread; but inference can scarcely be drawn from so few cases.
17. Bremen ... ...	369	43	In separate ward at top of house. Separate pavilion about to be built.	Nothing more said than "occur occasionally in other wards."
18. Zurich ... ...	...	698	In top floor; with disinfection precautions.	Cases occasionally occur. Attributed often to visitors.
19. Berlin ... ...	...	900	Separate ward. Three separate pavilions will be opened this winter for Scarlatina, Measles and Diphtheria.	Scarlatina, Measles and Diphtheria are each in separate wards.
20. Charkow ... ...	...	800	—	In separate detached building, wards not communicating; with 20 beds for Measles, 20 for Scarlatina. Separate nurse and doctor.
21. Countess Potocka's Hospital, Warsaw ...	971	—	—	Their admission has no influence on other patients in hospital. "Even during their epidemic prevalence the number of inter-current cases, thanks to the isolation, is insignificant."

TABLE X.—HOSPITALS WHICH DO NOT ADMIT SCARLATINA AND MEASLES.

HOSPITAL.	No. OF PATIENTS.	REMARKS.
1. Brünn ...	119	Hospital founded chiefly for chronic cases.
2. Lüneburg, 6 yrs.	769	
3. East London ...	950	
4. Belfast ...	329	Children's department is part of General Hospital.
5. Bolton ...	183	All Fevers in all Glasgow hospitals are removed to the Fever Hospital, but nevertheless have sometimes arisen in the wards, and have spread to a serious extent, notwithstanding every effort
6. Glasgow, 4 yrs.	1447	by removal in isolation to save the other children.
7. Sheffield ...	142	Removed to Fever Hospital, which is close by.
8. Bristol ...	523	
9. Liverpool ...	1088	
10. Derby ...	309	Sent to General Hospital.
11. Newcastle-on-Tyne	161	
12. Cassel ...	140	
13. Rotterdam, 2 yrs.	254	
14. Hanover ...	244	
15. Birkenhead...	339	
16. Lausanne, 2 yrs.	465	Admission discontinued on account of spread among other patients.
17. Altona ...	146	Law and Practice differ. Such cases are admitted into separate wards, with separate attendants;
18. Rome ...	2760	but all the regulations are laxly observed.

HOSPITAL.	No. OF PATIENTS.	REMARKS.
19. Stockholm, 7 yrs. ...	4074	In spite of their not being admitted, 168 cases have occurred, of whom 37 died. They are always in a separate ward ; but Measles have nevertheless sometimes run through the hospital, attacking all who had not had it.
20. Evelina, London ...	454	There is a separate block for cases occurring in hospital ; but in last few months it has been determined to move all cases to Fever Hospital—with approval of medical officers, there being “an impression that there being any in the block tended to cause disease to spread to other cases in hospital.”
21. Paddington ...	320	
22. Belgravia ...	116	
23. North-Eastern ...	618	
24. Edinburgh ...	649	Since opening of Fever Hospital, the Fever wards have been converted into general wards, but cases still break out in the hospital as before. See Dr. Andrew's remarks in letter.
25. Oldenburg ...	90	Were admitted, apparently with no special precaution. Their non-admission has been followed by diminution of intercurrent cases in hospital.
26. Copenhagen ...	431	Scarlet Fever has nevertheless occurred several times in hospital, and Measles, if epidemic in the town, have attacked most of children in hospital.
27. Basle, 5 yrs.	2089	Reception discontinued on account of spread of Fevers in general wards. A separate building about to be constructed for intercurrent cases. See remarks in letter.

I owe to the kindness of Dr. Jacobi, of New York, some details from Children's Hospitals in that city which have arrived too late to be tabulated.

The Mount Sinai received 251 of all ages up to 12, with a total mortality of 40. No contagious diseases are admitted ; but nevertheless Measles were epidemic two years since, and hospital closed in consequence. Scarlatina has also occurred.

The St. Mary's receives about 200 ; but no contagious cases. Measles have nevertheless prevailed epidemically, and Scarlatina has also occurred, but not spread like Measles.

The Nursing and Child's Hospital receives children under 4 years, but not older. Of 3680 in 6 years, 897 died : of whom 84 were above ; and 813 under 2 years old : or 90.8 per cent. of the deaths were of children under 2. Contagious diseases were not admitted ; but Measles sometimes are epidemic. Scarlatina occurs, but not epidemically.

The returns from children's department of Bellevue Hospital are too incomplete to be used ; except for the fact that no contagious diseases are admitted.



